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PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0081

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket No. (Optional) 449122031200 | | | |
|--|---|-----|------------------------|
| In re Application of Herbert HEISS et al. | | | |
| | Application Number F 09/673,435 | | Filed October 18, 2000 |
| | For: METHOD FOR REMOVAL OF ATM CELLS FROM AN ATM COMMUNICATIONS | | |
| | Art Unit 2662 | Exa | miner M. McLoughlin |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | |
| X One month (37 CFR 1.17(a)(1)) RECEIVED \$ 110.00 | | | |
| Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) MAY 1 8 2004 | | \$ | |
| | | | |
| Four months (37 CFR 1.17(a)(4)) Technology Center 2600 \$ | | | |
| Five months (37 CFR 1.17(a)(5)) | | | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is | | | |
| reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any | | | |
| overpayment, to Deposit Account Number 03-1952 . | | | |
| Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Registration Number | | | |
| attorney or agent under 37 CFR 1.34(a). | | | |
| Registration number if acting under 37 CFR 1.34(a) 43,148 | | | |
| May 12, 2004 Date Signature | | | |
| (703) 760-7762 Kevin R. Spivak Telephone Number Typed or printed name | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below | | | |
| Total of1 forms are submitted. | | | |

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